

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 2, 2015

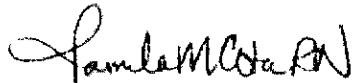
Ms. Catherine Rooney, Manager
Harvey House Ltd
1860 Main Street
Castleton, VT 05735-7709

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 6, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PRINTED: 10/19/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/06/2015
NAME OF PROVIDER OR SUPPLIER HARVEY HOUSE LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 1860 MAIN STREET CASTLETON, VT 05735		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensing survey to assess compliance with Residential Care Home Licensing Regulations was completed on 10/6/15 by the Division of Licensing and Protection. The following regulatory violations were found.	R100		
R162 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to assure that all oral solutions administered to residents for health management had written signed physician orders approving the solution used by the home. (This practice potentially affects all 7 residents of the home, (#1 - #7). Findings include: Per observations during a tour of the kitchen on 10/6/15 at 10 AM, a bottle containing a 'natural recipe', made by the home's owner, and used by residents for relief of cold symptoms, was observed on the pantry shelf. The bottle was not labeled and dated, as required. The bottle also failed to list the ingredients. The owner stated s/he had made the solution approximately 4 days prior to the date of survey. The owner/Administrator (ADM) stated that all of the physician providers were aware of, and	R162	<p>The glass jar containing the cough syrup (on label) & with the ingredients listed on label have been removed. I will pursue all dr's approval (written) before allowing residents to have any more</p> <p>The removal was done on 10/6/15</p> <p>10/9/15 per T.C. ADM will make POC for companies, Mfrs, etc</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Manager

(X6) DATE

10/29/15

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R162	Continued From page 1 approved of the use of the solution to treat cold symptoms. There was no documentation in the medical records related to physician(s) approval and orders for the use of the syrup solution by the residents, per interviews with the ADM at 10:15 AM. The ADM stated that he/she would obtain written approval and orders for use of the solution for each resident. The owner also confirmed that s/he would store the solution in the refrigerator, labeled and dated, per safe food handling practice.	R162		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and	R179	We (the owner) are rewriting the inservice sheet by writing in the training for 7 mandated trainings on each sheet to be done by each staff each year instead of inservices by each month. This way regardless of when staff has arrived they will receive the mandated service trainings required 11/14/15 10/29/15 per T.C., ADM, will monitor for compliance. May Belto, pa	

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R179	<p>Continued From page 2</p> <p>(7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that all 5 of 5 sampled direct care staff had completed the 7 VT required annual trainings, as part of the annual trainings presented for the previous 12 month period. Findings include:</p> <p>Per review of the training records for the previous 12 month period, (11/7/14 - 10/6/15), none of the 5 staff care givers had completed all of the VT required trainings. Three of the 5 care givers had completed 2 of the mandated trainings; the other care givers had not completed any of the VT required annual trainings. These results were confirmed with the ADM at 2:15 PM.</p>	R179		
R243 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.c. (2)</p> <p>Supplemental nourishment (snacks) shall be offered to residents before their hour of retiring and between meals.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to offer snacks to the residents in the morning and in the evening before their hour of retiring for all residents of the home. (Residents # 1 - 7). Findings include:</p> <p>Per review of the current posted resident menus</p>	R243		

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R243	Continued From page 3 on 10/6/15, the residents were provided only one snack each day, given in the afternoon hours. There was no snack offered between breakfast and lunch and no snack offered after dinner, before retiring for the night. The menus also failed to include any fresh fruit offerings for snacks for those residents who might enjoy a healthy alternative to crackers and cookies. These concerns were confirmed during interviews with the caregiver and the ADM.	R243	<p>At the 10am coffeebreak we will now offer a fruit or cracker item.</p> <p>At the 2pm Snack we will offer a fruit or cookie item</p> <p>At 7-730 pm will offer a fruit or cookie item before 8pm medication</p> <p>10/1/15</p> <p>10/29/15 Per T.C., ADM will monitor for compliance.</p> <p><i>Mary Barta, RN</i></p>	
R250 SS=D	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that outdated food items were removed from current supplies and removed from the facility. Findings include: Per observations of the kitchen areas during the tour of the home, 2 boxes of a nutritional drink, Boost, were dated 6/13/15. Per interview with the caregiver, the Boost drink was used for one of the previous residents. During interview, the ADM confirmed that no one is assigned the task of checking the pantry and food supply areas for outdated foods on a regular basis.	R250	<p>The outdated item was removed 10/10/15.</p> <p>Every Monday & Thursday 7-3 staff will go thru pantry /fridge to check for outdated supplies</p> <p>10/29/15</p> <p>10/29/15 per T.C. ADM will monitor for compliance.</p> <p><i>Mary Barta, RN</i></p>	